

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

10720827

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |               |                          |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 10            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 10 minus 20 = | <i>10</i>                |
| INDEPENDENT CLAIMS               | 1 minus 3 =   | <i>1</i>                 |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE  OTHER THAN  
OR SMALL ENTITY

| RATE      | FEES   | RATE         | FEES       |
|-----------|--------|--------------|------------|
| BASIC FEE | 385.00 | OR BASIC FEE | 770.00     |
| X\$ 9=    |        | OR X\$18=    |            |
| X43=      |        | OR X86=      |            |
| +145=     |        | OR +290=     |            |
| TOTAL     |        | OR TOTAL     | <i>660</i> |

CLAIMS AS AMENDDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|------------------------------------------------|-------------|-------------------------------------------|-------|---------------------------------------------|------------------|
|                                                |             | Minus                                     | ---   | =                                           |                  |
|                                                | Total       | 10                                        | Minus | 20                                          | =                |
|                                                | Independent | 1                                         | Minus | ---                                         | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |                                           |       | <input type="checkbox"/>                    |                  |

SMALL ENTITY OR OTHER THAN  
OR SMALL ENTITY

| RATE            | ADDI-<br>TIONAL<br>FEE | RATE               | ADDI-<br>TIONAL<br>FEE |
|-----------------|------------------------|--------------------|------------------------|
| X\$ 9=          |                        | OR X\$18=          |                        |
| X43=            |                        | OR X86=            |                        |
| +145=           |                        | OR +290=           |                        |
| TOTAL ADDT. FEE |                        | OR TOTAL ADDT. FEE | <i>660</i>             |

(Column 1) (Column 2) (Column 3)

| AMENDMENT B                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                    |
|------------------------------------------------|-------------|-------------------------------------------|-------|---------------------------------------------|-------------------------------------|
|                                                |             | Minus                                     | ---   | =                                           |                                     |
|                                                | Total       | 10                                        | Minus | 20                                          | =                                   |
|                                                | Independent | 1                                         | Minus | 3                                           | <input checked="" type="checkbox"/> |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |                                           |       | <input type="checkbox"/>                    |                                     |

| RATE            | ADDI-<br>TIONAL<br>FEE | RATE               | ADDI-<br>TIONAL<br>FEE |
|-----------------|------------------------|--------------------|------------------------|
| X\$ 9=          |                        | OR X\$18=          |                        |
| X43=            |                        | OR X86=            |                        |
| +145=           |                        | OR +290=           |                        |
| TOTAL ADDT. FEE |                        | OR TOTAL ADDT. FEE | <i>660</i>             |

5-2-06 (Column 1)

(Column 2) (Column 3)

| AMENDMENT C                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|------------------------------------------------|-------------|-------------------------------------------|-------|---------------------------------------------|--------------------------|
|                                                |             | Minus                                     | ---   | =                                           |                          |
|                                                | Total       | 10                                        | Minus | 20                                          | =                        |
|                                                | Independent | 1                                         | Minus | 3                                           | <input type="checkbox"/> |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |                                           |       | <input type="checkbox"/>                    |                          |

| RATE            | ADDI-<br>TIONAL<br>FEE | RATE               | ADDI-<br>TIONAL<br>FEE |
|-----------------|------------------------|--------------------|------------------------|
| X\$ 9=          |                        | OR X\$18=          |                        |
| X43=            |                        | OR X86=            |                        |
| +145=           |                        | OR +290=           |                        |
| TOTAL ADDT. FEE |                        | OR TOTAL ADDT. FEE | <i>660</i>             |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."
- \*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" is the highest number found in the appropriate box in column 1.